

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35176

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City *St. Louis Mo. City Hospital*
 (No. *2*)

File No.
 Registered No. *9392*
 St. Ward)

2. FULL NAME

(a) Residence, No. *334 1/2 Oak Creek St.* Ward. *20*
 (Usual place of abode)

Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) *Christine Harper*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-15-1892*
 7. AGE YEARS *41* MONTHS *9* DAYS *11* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

13. NAME *Ed Harper*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

15. MAIDEN NAME *Elyza ?*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

17. INFORMANT *A. Gertrude Creath* (ADDRESS) *City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jefferson Burial* DATE *10-31* 19*33*

19. UNDERTAKER *W. D. Lott* (ADDRESS) *13317 Delmar*

20. FILED *OCT 31 1933* *J. F. Beedeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-26-* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *10-17* 19*33* to *10-26-* 19*33*

I last saw him alive on *10-26* 19*33* Death is said

to have occurred on the date stated above, at *10:22* m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Secondary Anemia
 Other contributory causes of importance
 Name of operation *None* Date of *30*
 What test confirmed diagnosis? *Urinal* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *None*

(Signed) *A. Gertrude Creath* , M. D.
 (Address) *City Hospital*

